

NOV 17 2003

RCE/1600
\$

AMENDMENT TRANSMITTAL LETTER		CLIENT-MATTER NO.: 66656-060 (P-CW 5196)	
SERIAL NO: 09/694,758	FILING DATE: October 23, 2000	EXAMINER: P. Ponnaluri	GROUP ART UNIT: 1639 CONFIRMATION NO.: 7408
INVENTION: GENE EXPRESSION PROFILING OF INFLAMMATORY BOWEL DISEASE			

MAIL STOP RCE
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

"EXPRESS MAIL" MAILING LABEL NUMBER: EV 347 546 145 US

DATE OF DEPOSIT: November 14, 2003

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING
DEPOSITED WITH THE UNITED STATES POSTAL SERVICE
"EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER
37 C.F.R. 1.10 ON THE DATE INDICATED ABOVE, AND IS
ADDRESSED TO COMMISSIONER FOR PATENTS, P.O. BOX 1450,
ALEXANDRIA, VA 22313-1450.

(TYPED OR PRINTED NAME OF PERSON MAILING PAPER OR FEE)

(SIGNATURE OF PERSON MAILING PAPER OR FEE)

RECEIVED
NOV 20 2003
TECH CENTER 1600/2900

Transmitted herewith is a response to the final Office
Action mailed May 14, 2003, in the above-identified application.

X Small Entity status of this application has been
established under 37 CFR 1.27.

X A Request for Continued Examination (in duplicate).

X Request for an Extension of Time (in duplicate).

X No additional claims fee is required.

 An additional claims fee is required and has been
calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED	RATE			FEE	
						SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	14	-	18	-	0	x \$9	\$18	=	\$	\$
INDEPEN- DENT CLAIMS	3	-	6	-	0	x \$42	\$84	=	\$	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										
			YES		X NO	\$140	\$280	=	\$	\$
						TOTAL ADDITIONAL FEE			\$0	\$

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20"
in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3"
in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST
NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

X Please charge my Deposit Account No. 502624 the amount of
\$860.00, \$475.00 of which covers the fee for a three-month

Inventor: Shukti Chakravarti
Serial No.: 09/694,758
Filed: October 23, 2000
Page 2

extension of time and \$385.00 of which covers the Request for Continued Examination fee. A duplicate copy of this sheet is enclosed.

X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.

X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

November 14, 2003

Date

McDERMOTT, WILL & EMERY
4370 La Jolla Village Drive,
Suite 700
San Diego, California 92122

Andrea L. Gashler
Andrea L. Gashler
Registration No. 41,029
Telephone No. (858) 535-9001
Facsimile No. (858) 535-8949